Australian Government | myagedcare

Integrated Assessment Tool (IAT)
Offline Form

Instructions

- This form is provided as an alternative way to record assessment outcomes when IT is not available or appropriate for client engagement, and as a tool to support training.
- In order to use this form, you must be familiar with the Integrated Assessment Tool (IAT) user guide and have completed relevant training on MAClearning.
- This form can be used by both clinical and non-clinical assessors.
  - Sections with an orange background are to be completed by clinical assessors only.
  - Non-clinical assessors completing sections with a dark pink background MUST be completed with the involvement of a clinical assessor, in accordance with your organisation's clinical governance framework and standard operating procedures.
  - Sections with a blue background are for use with First Nations clients only, by assessors who have experience working with this cohort.
- When using this form on a computer, remember to save your work regularly.
- All fields marked with an asterisk (*) are mandatory.
- Ensure you have 'Bookmarks' open for ease of navigation.

CAUTION: This document may contain information that is protected by the *Aged Care Act 2024*, the *Privacy Act 1988*, or other law. Unlawful disclosure of information protected by the *Aged Care Act 2024* may incur a criminal penalty.

Client Details

First name *

Last name *

Aged Care ID

Date of birth * / /

Medicare Card *

DVA Number *

Email address *

Phone – mobile

Phone – other

Address type *

Address *

Client Demographics

Gender *

Ethnicity *

Marital status *

Preferred language *

Country of birth *

Do you identify yourself as being Aboriginal and/or Torres Strait Islander? *

☐ No – Neither ☐ Yes – Aboriginal ☐ Yes – Torres Strait Islander ☐ Yes – Both ☐ Not stated/ inadequately desc

Are you a veteran or war widow/widower? *

☐ Yes ☐ No

DVA Entitlement *

☐ White Card ☐ Gold Card ☐ Orange Card ☐ N/A

Who do you live with? *

Type of Accommodation *

Comments/information

Communication Difficulties

Does the client ever need help to communicate (to understand or be understood by others)? *

☐ Yes ☐ No

Type of difficulty *

☐ Cognitive ☐ Hearing ☐ Language ☐ Speech ☐ Other

TIS required *

☐ Yes ☐ No

NRS required *

☐ Yes ☐ No

Emergency Contact

Title *

Given name * Surname *

Relationship to client *

Email address *

Phone – mobile Phone – other

Address type * Address *

GP Details

Address *

Given name * Surname *

Email address *

Phone – mobile Phone – other

Government Pension/Benefits

Private Health Insurance

Current Approvals

Care Type	Date Approved	End date	Emergency Approval

Current Services In Place

Triage

Please ensure the client has given their informed consent for triage before completing.

All mandatory Triage questions will be optional for End of Life pathway:

Date of triage * / /

Registration screen information collected from *

- ☐ Client
- ☐ Client's carer family member and/or other
- ☐ Client's representative
- ☐ Client's General Practitioner
- ☐ Representative of service provider
- ☐ Health professional
- ☐ Aboriginal Liaison Officer
- ☐ Aged care connector and co-ordinator
- ☐ Care finder
- ☐ Via interpreter
- ☐ Agent
- ☐ Other

If 'Other', please specify.

Limit 250 Characters

Is the client currently an admitted hospital inpatient? *

- ☐ Yes
- ☐ No

Assessor notes

Limit 500 Characters

Reason for Assessment

What is the key circumstance(s) that has triggered client/representative making contact? *

- ☐ Referral from health professional
- ☐ Hospital discharge
- ☐ Fall(s)
- ☐ Medical condition(s)
- ☐ Difficulties with activities of daily living
- ☐ Change in caring arrangements
- ☐ Change in care needs
- ☐ Change in living arrangements
- ☐ Change in cognitive status
- ☐ Change in mental health status
- ☐ Other

If 'Other', please specify.

Limit 500 Characters

Assessor's comments about trigger

Limit 500 Characters

How long has the client experienced this circumstance? *

☐ Recent acute illness/event ☐ Gradual increase in needs over time ☐ Long term disability ☐ Other

If 'Other', please specify.

Limit 500 Characters

Comments about circumstance

Limit 500 Characters

Current access to services

Are you currently receiving any aged care services? *

☐ Yes ☐ No ☐ Not sure

If 'Yes', What aged care services are you currently receiving?

Limit 500 Characters

Function

Are you able to walk? *

☐ Yes ☐ Somewhat ☐ No

Are you able to take a bath or shower? *

☐ Yes ☐ Somewhat ☐ No

Are you able to transfer yourself from a chair, bed etc? *

☐ Yes ☐ Yes – with an aid ☐ Somewhat ☐ No

Are you able to dress yourself? *

☐ Yes ☐ Somewhat ☐ No

Are you able to get to places out of walking distance? *

☐ Yes ☐ Somewhat ☐ No

Are you able to undertake housework? *

☐ Yes ☐ Somewhat ☐ No

Are you able to shop for groceries on your own? *

☐ Yes ☐ Somewhat ☐ No

Are you able to drive or take public transport? *

☐ Yes ☐ Somewhat ☐ No

Are you able to prepare meals? *

☐ Yes ☐ Somewhat ☐ No

Are you able to go to the toilet, wipe and re-dress? *

☐ Yes ☐ Somewhat ☐ No

Summary of function notes

Limit 500 Characters

General Health

How much have health issues affected your normal activities (outside and/or inside the home) during the past 4 weeks? *

☐ Not at all ☐ Slightly ☐ Moderately ☐ Quite a bit

Have you had any recent falls or near miss falls in last 4 weeks? *

☐ No ☐ Yes ☐ Unsure

During the past month, has it often been too painful to do many of your day to day activities? *

☐ No ☐ Yes ☐ Unsure

Do you have any weight loss or nutritional concerns? *

☐ No ☐ Yes ☐ Unsure

General health notes

Limit 500 Characters

General wellbeing and safety

Do you ever feel lonely, down or socially isolated? *

☐ Not sure ☐ No, not at all ☐ Occasionally ☐ Sometimes ☐ Most of the time

Do you think you have any memory loss or confusion? *

☐ Not sure ☐ No, not at all ☐ Occasionally ☐ Sometimes ☐ Most of the time

Are there any risks, hazards or safety concerns in your home including any environmental concerns? *

☐ No ☐ Yes ☐ Unsure

General wellbeing and safety notes

Limit 500 Characters

Advice for assessment

What type of assessor is recommended for client assessment? *

☐ Clinical ☐ Non-clinical ☐ Not eligible for assessment

If 'clinical' or 'non-clinical', please answer the following question.

Require an urgent assessment?

☐ High urgency – Client is in hospital

☐ High urgency – Client is at immediate risk of self harm or in a crisis situation (e.g. client carer incapacitated)

☐ High urgency – Client from a vulnerable cohort and/or has complexity

☐ Medium urgency – Client at home but needing services

☐ Urgent assessment not required

Linking Supports suggested for assessment

Limit 500 Characters

Priority of assessment *

☐ Low ☐ Medium ☐ High

Does the client require urgent service provision (direct to service)? *

☐ Yes ☐ No

Outcome/advice for assessment notes

Limit 500 Characters

Details of the supervised Triage

Triage supervised by *

Assessment details

Date of Assessment *

The date of first contact with the client (usually face-to-face) for the purposes of conducting an assessment. In most instances, it will be the current date.

/ /

Participants consulted prior to the assessment *

The person(s) that have been consulted prior to assessment. This may include person(s) that have a role in providing the client with support, such as the client's representative, family, carer(s), existing service provider or GP.

☐ Yes ☐ No

Mode *

The main approach taken to collecting assessment information. Tele-health includes options such as video conferencing.

☐ Face-to-face ☐ Over-the-phone ☐ Via tele-health

Assessment Setting *

The primary location of assessment. If the assessment is occurring over-the-phone or via tele-health, record the client's location at the time of the assessment. 'Other community setting' includes locations such as Aboriginal Medical Centres.

☐ Client's home
☐ Carer's home
☐ Other community setting
☐ Private Hospital
☐ Public Hospital
☐ Other hospital inpatient setting – private
☐ Other hospital inpatient setting – public
☐ Clinic
☐ Residential aged care service

Details

Limit 500 Characters

Assessment information collected from *

The person(s) or organisation(s) information is collected from at the time of assessment.

☐ Client
☐ Client's carer, family member and/or other
☐ Client's representative
☐ Client's General Practitioner
☐ Representative of service provider
☐ Healthcare professional
☐ Aboriginal Liaison Officer
☐ Aged care connector and co-ordinator
☐ Care finder
☐ Via interpreter
☐ Agent
☐ Other

Details

In the instance it is not the client providing information, record the person(s) name, their relationship to the client and their contact details.
It is important that consent is gained to undertake this activity.
Consider whether the person(s) should be established as a representative/relationship on the client's record.

Limit 500 Characters

Professions of those who participated in the client's assessment

Other person(s) who may be present and contributing to the Comprehensive Assessment. Identifying the range of disciplines or areas of expertise contributing to the client's Comprehensive Assessment provides a picture of the extent to which the assessment required a multidisciplinary approach.

Medical Practitioners

- ☐ Generalist medical practitioner
- ☐ Geriatrician
- ☐ Psychogeriatrician
- ☐ Psychiatrist
- ☐ Rehabilitation specialist
- ☐ Other medical practitioners

Nursing Professionals

- ☐ Nurse manager
- ☐ Nurse educator and researcher
- ☐ Registered nurse
- ☐ Registered mental health nurse
- ☐ Registered development disability nurse
- ☐ Other nursing professional

Health Professionals

- ☐ Occupational therapist
- ☐ Physiotherapist
- ☐ Speech pathologist/therapist
- ☐ Podiatrist
- ☐ Pharmacist
- ☐ Aboriginal health worker
- ☐ Other health professional

Social Welfare Professionals

- ☐ Social worker
- ☐ Welfare and community worker
- ☐ Counsellor
- ☐ Psychologist
- ☐ Other social professional
- ☐ Interpreter
- ☐ Other professional

Details

Record the profession of each clinician or professional person, assessment organisation member or non-team member that contributes to the Comprehensive Assessment of the client.

Limit 100 Characters

Assessor Notes

Limit 500 Characters

What is the key circumstance that has triggered client/representative seeking assessment for aged care services? *

The situation or trigger that has led the client to contact My Aged Care. Complete the question based on information available, your judgement based on the conversation with the client, information on the inbound referral and/or information provided by another source such as a representative, carer or friend.

- ☐ Referral from health professional
- ☐ Hospital discharge
- ☐ Fall(s)
- ☐ Medical condition(s)
- ☐ Difficulties with activities of daily living
- ☐ Change in caring arrangements
- ☐ Change in care needs
- ☐ Change in living arrangements
- ☐ Change in cognitive status
- ☐ Change in mental health status
- ☐ Experiencing social isolation/ loneliness
- ☐ Other

If 'Other', please specify

For example, the type of vulnerability as identified by the client (such as belonging to an at-risk group).'

Limit 100 Characters

How long has the client experienced this circumstance?

- ☐ Recent acute illness/event
- ☐ Gradual increase in need overtime
- ☐ Long term disability
- ☐ Other

If 'Other', please specify

Limit 100 Characters

What is the main reason for seeking assistance?

- ☐ Improve current level of function and/or independence after a recent acute illness/event.
- ☐ Improve current level of function and/or independence (other)
- ☐ Maintain current level of function and/or independence
- ☐ Reduce rate of decline in level of function and/or independence
- ☐ Other

If 'Other', please specify

Limit 100 Characters

How many people excluding the client live in the same household as the client? *

Carer

Is the client receiving help from a carer, family member, friend or someone else? *

Whether the client is receiving assistance from a carer, family member(s), friend(s) and/or neighbour(s) not associated with a service provider or paid service.

☐ Yes ☐ No

If 'Yes', please provide carer details by answering the questions in the following section.

If 'No', continue to 'Respite and Community Care'.

Details of person the client is receiving support from

Record the carer(s) name, their relationship to the client and their details (such as contact information and whether they live with the client). Consider whether the person(s) should be established as a representative/ relationship on the client's record. Also, review the client record and see whether there are existing representative/relationships established, and whether these relationships constitute a caring relationship that should be discussed at assessment.

Name *

Telephone *

Relationship to client *

☐ Partner ☐ Mother ☐ Father

☐ Daughter ☐ Son ☐ Daughter in law

☐ Son in law ☐ Other relative ☐ Friend/neighbour

☐ Other

If 'Other', please specify

Limit 500 Characters

Does the person helping live with the client? *

☐ Yes ☐ No

Does the person helping the client have paid employment? *

☐ Yes, full time ☐ Yes, part time ☐ No

Types of support provided by person helping the client *

- ☐ Light cleaning/ Housework
- ☐ Heavy Cleaning/Housework
- ☐ Shopping
- ☐ Cooking/Meals
- ☐ Showering/Bathing
- ☐ Transport
- ☐ Laundry (including washing and hanging)
- ☐ Dressing
- ☐ Social support/company
- ☐ Mobility
- ☐ Medication management
- ☐ Supervision
- ☐ Care coordination
- ☐ Accompanying to medical appointments
- ☐ Community access
- ☐ Therapy assistance
- ☐ Help with administration/ paperwork
- ☐ Decision making support
- ☐ Behaviour support
- ☐ Emotional support
- ☐ Communication support
- ☐ Overnight assistance
- ☐ Chronic disease management
- ☐ Continence support
- ☐ Wound care
- ☐ Other

If 'Other', please specify

Limit 500 Characters

Are there factors affecting carer availability and sustainability of care relationship? *

☐ Yes ☐ No

If 'Yes', indicate the factors affecting carer availability and sustainability of care relationship.

- ☐ Carer's emotional health and well being
- ☐ Carer's physical health and well being
- ☐ Carer has other responsibilities
- ☐ Carer's work/study hours
- ☐ Other impacts of care

If 'Other impacts of care', please specify

Limit 500 Characters

Typical hours per day carer provides help

How many hours? (0–24)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Add additional carer, on page Append_p1

Respite and Emergency Care

Are there formal and/or informal respite arrangements in place? *

Whether the client is currently receiving, or has been in receipt of respite (informal respite, or community or residential respite) in the past 12 months.

☐ Yes ☐ No

If 'Yes', please complete the following.

Are there any respite arrangements short (12 weeks or less) or long term in place? *

☐ Short term ☐ Long term

Is there an emergency care plan in place? *

Whether an emergency care plan has been developed in the instance that something should happen to the client in their caring role.

☐ Yes ☐ No

If 'Yes', please specify details about the emergency care plan. This may include other family members, people to contact, short-term care and long-term care options or other support options including respite.

Limit 500 Characters

Assessors notes about caring relationship

Record information relating to the support the client receives from the carer(s). This information may be provided by the client and/or the carer.

Consider and record:

- The type of care being provided and the frequency of the support
- Whether there has been any recent significant changes in carer or family support arrangements

Whether there are any difficulties or concerns with the caring arrangement such as:

- Carer – stress and strain, physical exhaustion/ illness/health deterioration, difficulties with specific tasks, factors unrelated to the care situation
- Client – increasing needs, other factors.

If the carer is involved in the assessment, consider and record:

- The support the carer is receiving in their caring role (e.g. from family, friends, community, other organisations)
- Whether the carer has other responsibilities (e.g. employment, education, other caring responsibilities)
- Whether they are in receipt of a carer payment or allowance
- Whether they need to be assessed as a client.

Limit 1500 Characters

Client as a Carer

Client is providing support to someone else *

Whether the client is supporting or looking after another person, such as assisting with their activities of daily living and/or self-care tasks.

☐ Yes ☐ No

If 'Yes', please provide details about the person they are caring for in the following section.

If 'No', continue to 'Assessor note' question, on the following page.

Person the client is caring for

Which category does the person the client is caring for match? *

☐ ≥65 years old and not Aboriginal or Torres Strait Islander

☐ ≥50 years old and is an Aboriginal or Torres Strait Islander

☐ ≥45 years old and is Aboriginal or Torres Strait Islander and homelessness or at risk as a result of experiencing housing stress or not having secure accommodation

☐ ≥50 and over and not Aboriginal or Torres Strait Islander and homelessness or at risk as a result of experiencing housing stress or not having secure accommodation

☐ Does not meet any of above criteria

☐ Other

Name *

Relationship to the person the client is caring for *

☐ Partner ☐ Mother ☐ Father ☐ Other

☐ Daughter ☐ Son ☐ Daughter in law

☐ Son in law ☐ Other relative ☐ Friend/neighbour

If 'Other', please specify

Limit 500 Characters

Describe the person the client is supporting *

Limit 300 Characters

Describe the types of support provided by client *

Limit 300 Characters

Add additional person you carer for, on page Append_p3

Assessor note *

Limit 1500 Characters

Medical

Client in receipt of medical treatments

Whether the client has regular contact with a GP and/or has regular health checks (including cancer screening, mammograms, flu vaccinations etc.).

- ☐ Drip infusion in vein
- ☐ Home Dialysis (peritoneal or haemodialysis)
- ☐ Centre/hospital Dialysis
- ☐ Stoma care
- ☐ Oxygen Therapy
- ☐ Use of Ventilator
- ☐ Use of Nebuliser
- ☐ Tracheostomy care
- ☐ Nursing care for pain
- ☐ Enteral Feeding Supplement – Bolus
- ☐ Enteral Feeding Supplement – Non-bolus
- ☐ Parenteral feeding (intra-venous hyperalimentation)
- ☐ Care for chronic ulcer
- ☐ Urethral catheter

Health Conditions

Health Condition – Whether the client has any health conditions, including mental health conditions or disabilities that have an impact on the person's need for assistance with activities of daily living and social participation. These can be new or pre-existing conditions.

Diagnosis Status – Whether the health condition has been diagnosed, and by whom.

Primary Health Condition – The health condition with the greatest impact on the person's need for assistance with activities of daily living and social participation.

Refer to Appendix A of the IAT User Guide for the list of health conditions.

Health Condition *	Health Condition Description *	Diagnosis Status *	Primary Health Condition *
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐

Impact of health issues on normal activities *

☐ Not at all ☐ Slightly ☐ Moderately ☐ Quite a bit

If 'Moderately' or 'Quite a bit', please complete the 'Advanced Medical Assessment' section below.

Advanced Medical assessment

NOTE: Non-clinical assessors MUST complete this section with the involvement of a clinical assessor, in accordance with your organisation's clinical governance framework and standard operating procedures.

Recent GP visits and health checks *

Whether the client has regular contact with a GP and/or has regular health checks (including cancer screening, mammograms, flu vaccinations etc.).

☐ Yes ☐ No

If 'Yes', please specify

Provide details of:

- The client's GP and how frequently they see them
- Who conducts the client's regular health checks, how often and for what reason.

Limit 500 Characters

Has the client been admitted to hospital in the last 12 months? *

Whether the client has been in hospital in the past 12 months.

☐ Yes planned ☐ Yes unplanned ☐ No

If 'Yes planned' or 'Yes unplanned', please specify.

Record the details of the hospital admission (e.g. date of admission, reason for admission [scheduled, unplanned, visit to the emergency department], information about the hospital stay and date of discharge).

Limit 500 Characters

Allergies and/or sensitivities *

Whether the client has and/or has had allergies and/or sensitivities such as food, medication and environmental allergies and/or sensitivities.

☐ Yes ☐ No

If 'Yes', please specify.

Should a client have allergies and or sensitivities to environment, medication or food, specify details of the identified allergies and/or sensitivities.

Limit 500 Characters

Source of reported allergies/sensitivities*

Record whether the allergies and/or sensitivities have been reported by the client or by a health professional.

☐ Client reported ☐ Health professional reported

Assessor medical domain notes *

Limit 1500 Characters

Medications

Is the client taking medications? *

Whether the client is taking any medication to manage their health conditions. Medications may have been recommended by their doctor, specialist or pharmacist. In some instances, they can also be self-prescribed.

☐ Yes ☐ No

If 'Yes' was specified, please answer the following 2 questions.

How many medications does the client currently take, including over the counter medicines?

Specify how many types of medications the client takes.

☐ 0 to 4 ☐ 5 to 14 ☐ 15 or more

Assessor notes- medications

Consider and record:

- Current medication(s) (by name)
- How the medication(s) are administered
- The source of medication information (e.g. direct observation, discharge summary, GP, pharmacist)
- The client's compliance with medication administration
- Details on over-the-counter or non-prescription medications used by the client (including eyedrops, creams/ lotions, inhaled medication, natural therapies, injections etc.).

Limit 500 Characters

General observations of client

During an assessment, observation provides an opportunity to note a client's abilities. An assessor can make observations about a client's energy levels, stamina, comprehension, memory, concentration, physical appearance and interpersonal behaviour. The extent to which a client engages in the assessment can indicate how they will engage in interventions or goal setting.

Limit 1000 Characters

Health literacy difficulties *

Health literacy is the ability to read, understand and use healthcare information to make informed decisions about health and have the ability to follow treatment instructions where required.

☐ Yes ☐ No

If 'Yes', please specify.

Consider and record the:

- Difficulties the client has with health literacy
- Impact on the client's ability to understand health information
- Support the client has and/or requires in order to understand and interpret health information.

Limit 500 Characters

Function

Get to places out of walking distance *

Discuss client's ability to access the community. Consider where the client likes to go; where they drive; how they mobilise in the community; access and catch public transport; and any barriers to their community participation.

☐ Without help ☐ With some help ☐ Completely unable

If 'With some help' or 'Completely unable', please complete the following 2 questions.

Who helps?

☐ No one ☐ Informal Carer(s) ☐ Aged Care Service Provider(s) ☐ Other

If 'Other', please specify

Limit 500 Characters

Is the need being met?

☐ Completely unmet ☐ Partially met ☐ Completely met ☐ Client does not require assistance

Any additional details?

Record how the client is currently completing this functional activity.

Record whether the client is currently receiving assistance or supervision of another person with using public transport, getting to and from places away from home, and driving.

Include assistance organised, provided or delivered by agencies (formal support) or assistance that is provided by family, friends or neighbours (carers) (informal support).

Record details relating to the support received, such as:

- Who provides the support
- What support is provided
- The period of time the client has received the support for.

Limit 500 Characters

Does the client drive? *

Whether the client drives a motor vehicle.

☐ Yes ☐ No

If client does not drive, who assists the client to get to places out of walking distance?

☐ Partner ☐ Parent ☐ Other family member
☐ Friend/neighbour ☐ Public Transport ☐ Taxi
☐ Aged care provider transport service ☐ Other

Undertake light housework *

Observe how the client completes common light household tasks such as dusting the surfaces, mopping the small floor areas, washing and putting dishes away, wiping counters, cleaning the cupboards and shelves. During observations discuss with client: day(s) and time they complete household tasks; how often they complete household tasks; if / when they rest during activity; any difficulty, pain, discomfort, or low confidence felt during task.

☐ Without help ☐ With some help ☐ Completely unable

If 'With some help' or 'Completely unable', please complete the following 2 questions.

Who helps?

☐ No one ☐ Informal Carer(s) ☐ Aged Care Service Provider(s) ☐ Other

If 'Other', please specify

Limit 500 Characters

Is the need being met?

☐ Completely unmet ☐ Partially met ☐ Completely met ☐ Client does not require assistance

Any additional details?

Record how the client is currently completing this functional activity.

Record whether the client is currently receiving assistance or supervision of another person with household activities including cleaning, vacuuming, washing, ironing, changing bed linen and other general house-keeping tasks.

Include assistance organised, provided or delivered by agencies (formal support) or assistance that is provided by family, friends or neighbours (carers) (informal support).

Record details relating to the support received, such as:

- Who provides the support
- What support is provided
- The period of time the client has received the support for.

Limit 500 Characters

Undertake housework (heavy/moderate) *

Observe how the client completes common household tasks such as cleaning floors [such as sweeping, vacuuming and mopping], cleaning shower, toilet and bathroom, wiping benches and vanity, and how client uses equipment, detergents etc. Observe laundry tasks such as handwashing; loading and unloading washing machine; drying cloths in drier, airer and / or washing line; getting cloths to and from washing machine and drying location. During observations discuss with client: day(s) and time they complete household tasks; how often they complete household tasks; if / when they rest during activity; any difficulty, pain, discomfort, or low confidence felt during task.

☐ Without help ☐ With some help ☐ Completely unable

If 'With some help' or 'Completely unable', please complete the following 2 questions.

Who helps?

☐ No one ☐ Informal Carer(s) ☐ Aged Care Service Provider(s) ☐ Other

If 'Other', please specify

Limit 500 Characters

Is the need being met?

☐ Completely unmet ☐ Partially met ☐ Completely met ☐ Client does not require assistance

Any additional details?

Record how the client is currently completing this functional activity.

Record whether the client is currently receiving assistance or supervision of another person with household activities including cleaning, vacuuming, washing, ironing, changing bed linen and other general house-keeping tasks.

Include assistance organised, provided or delivered by agencies (formal support) or assistance that is provided by family, friends or neighbours (carers) (informal support).

Record details relating to the support received, such as:

- Who provides the support
- What support is provided
- The period of time the client has received the support for.

Limit 500 Characters

Go shopping (assuming transportation) *

Whether the client can go shopping for groceries or clothes, assuming they have transportation to get to the shops. Consider the client's ability to walk the distance required; to select and carry items (vision, reaching/ bending ability) as well as cognition.

☐ Without help ☐ With some help ☐ Completely unable

If 'With some help' or 'Completely unable', please complete the following 2 questions.

Who helps?

☐ No one ☐ Informal Carer(s) ☐ Aged Care Service Provider(s) ☐ Other

If 'Other', please specify

Limit 500 Characters

Is the need being met?

☐ Completely unmet ☐ Partially met ☐ Completely met ☐ Client does not require assistance

Any additional details?

Record how the client is currently completing this functional activity.

Record whether the client is currently receiving assistance or supervision of another person with going shopping for groceries or clothes.

Include assistance organised, provided or delivered by agencies (formal support) or assistance that is provided by family, friends or neighbours (carers) (informal support).

Record details relating to the support received, such as:

- Who provides the support
- What support is provided
- The period of time the client has received the support for.

Limit 500 Characters

Prepare meals *

Whether the client can prepare their own meals, including the delivery of prepared meals, help with meal preparation and managing basic nutrition. Consider cognitive as well as physical issues. A person with dementia may lack the organisational skills to prepare a meal or is at risk of scalding themselves or leaving the stove on. A person may have difficulty standing to prepare meals or lack the dexterity to cut food.

☐ Without help ☐ With some help ☐ Completely unable

If 'With some help' or 'Completely unable', please complete the following 2 questions.

Who helps?

☐ No one ☐ Informal Carer(s) ☐ Aged Care Service Provider(s) ☐ Other

If 'Other', please specify

Limit 500 Characters

Is the need being met?

☐ Completely unmet ☐ Partially met ☐ Completely met ☐ Client does not require assistance

Any additional details?

Record how the client is currently completing this functional activity.

Record whether the client is currently receiving assistance or supervision of another person with preparing meals, including the delivery of prepared meals, help with meal preparation and managing basic nutrition.

Include assistance organised, provided or delivered by agencies (formal support) or assistance that is provided by family, friends or neighbours (carers) (informal support).

Record details relating to the support received, such as:

- Who provides the support
- What support is provided
- The period of time the client has received the support for.

Limit 500 Characters

Take medicine *

Whether the client can take their own medication or administer injections. Consider cognitive as well as physical reasons. For example, a client may have a visual impairment and be unable to read labels correctly, or have arthritic hands that cause difficulty opening medication packets/bottles.

☐ Without help ☐ With some help ☐ Completely unable

If 'With some help' or 'Completely unable', please complete the following 2 questions.

Who helps?

☐ No one ☐ Informal Carer(s) ☐ Aged Care Service Provider(s) ☐ Other

If 'Other', please specify

Limit 500 Characters

Is the need being met?

Whether the client requires support to assist with meeting this need.

Record 'yes' if this is currently an unmet need, or if support is already being provided (formally or informally).

Record 'short term' or 'long term' to indicate the length of time support is required for (e.g. record 'short term' if the client requires support for approximately less than 3 months, 'long term' if the client requires services for 3 months or more).

☐ Completely unmet ☐ Partially met ☐ Completely met ☐ Client does not require assistance

Any additional details?

Record how the client is currently completing this functional activity.

Record whether the client is currently receiving assistance or supervision of another person with taking medication or administering injections.

Include assistance organised, provided or delivered by agencies (formal support) or assistance that is provided by family, friends or neighbours (carers) (informal support).

Record details relating to the support received, such as:

- Who provides the support
- What support is provided
- The period of time the client has received the support for.

Limit 500 Characters

Handle money *

Whether the client can handle their own money. It is not used to record if they can physically get to the bank. Consider cognitive as well as physical reasons. For example, a client may not be able to manage their budget and pay bills reliably, but they are able to pay for their groceries.

☐ Without help ☐ With some help ☐ Completely unable

If 'With some help' or 'Completely unable', please complete the following 2 questions.

Who helps?

☐ No one ☐ Informal Carer(s) ☐ Aged Care Service Provider(s) ☐ Other

If 'Other', please specify

Limit 500 Characters

Is the need being met?

☐ Completely unmet ☐ Partially met ☐ Completely met ☐ Client does not require assistance

Any additional details?

Record how the client is currently completing this functional activity.

Record whether the client is currently receiving assistance or supervision of another person with handling their money.

Include assistance organised, provided or delivered by agencies (formal support) or assistance that is provided by family, friends or neighbours (carers) (informal support).

Record details relating to the support received, such as:

- Who provides the support
- What support is provided
- The period of time the client has received the support for.

Limit 500 Characters

Use the telephone *

Whether the client can use a telephone.

☐ Without help ☐ With some help ☐ Completely unable

If 'With some help' or 'Completely unable', please complete the following 2 questions.

Who helps?

☐ No one ☐ Informal Carer(s) ☐ Aged Care Service Provider(s) ☐ Other

If 'Other', please specify

Limit 500 Characters

Is the need being met?

☐ Completely unmet ☐ Partially met ☐ Completely met ☐ Client does not require assistance

Any additional details?

Record how the client is currently completing this functional activity.

Without help means no assistance is required in using the telephone, including the ability to look up and dial numbers.

With some help may mean the client can answer the phone or call the operator for help in an emergency but needs a special phone or help in getting the number or dialling the number.

Completely unable means the client is not able to use the telephone at all.

Record details relating to the support received, such as:

- Who provides the support
- What support is provided
- The period of time the client has received the support for.

Limit 500 Characters

Use other communication device *

The client is able to use communications devices effectively including mobile phones, smart phones, tablets, laptops, computers etc.

☐ Without help ☐ With some help ☐ Completely unable

If 'With some help' or 'Completely unable', please complete the following 2 questions.

Who helps?

☐ No one ☐ Informal Carer(s) ☐ Aged Care Service Provider(s) ☐ Other

If 'Other', please specify

Limit 500 Characters

Is the need being met?

☐ Completely unmet ☐ Partially met ☐ Completely met ☐ Client does not require assistance

Any additional details?

Communications devices include mobile phones, smart phones, tablets, laptops, computers etc.

Consider the following factors in your explanatory text:

- has difficulty in physically operating the device
- has difficulty in contacting individuals or organisations using the device
- can use basic functions but needs help with more complex activities
- is able to make simple phone calls but requires assistance in setting up video calls
- difficulty in taking and viewing photos.

Limit 500 Characters

Use online services *

The client is able to use online services include general internet, search, web browsing, bill payments, shopping, delivery, banking, government services.

☐ Without help ☐ With some help ☐ Completely unable

If 'With some help' or 'Completely unable', please complete the following 2 questions.

Who helps?

☐ No one ☐ Informal Carer(s) ☐ Aged Care Service Provider(s) ☐ Other

If 'Other', please specify

Limit 500 Characters

Is the need being met?

☐ Completely unmet ☐ Partially met ☐ Completely met ☐ Client does not require assistance

Any additional details?

Online services include general internet, search, web browsing, bill payments, shopping, delivery, banking, government services.

Consider the following factors in your explanatory text:

- can access internet sites for general use but requires assistance for complex transactions such as online shopping and online banking
- can make simple online payments but requires assistance with complex online services (shopping, banking, government)
- requires assistance navigating to a website but and operate within it.

Limit 500 Characters

Walk *

Observe the client walking around the home and garden; observing their level of comfort, steadiness, and confidence accessing all areas of where they live. Include observations of client's mobility when they are dual tasking during other functional tasks. Discuss the client's current ability to mobilise short (100m) and longer distances in the community. Consider how the client can maintain or improve their current mobility and discuss any changes in mobility.

☐ Without help ☐ With some help ☐ Wheelchair independent ☐ Completely unable

If 'With some help' or 'Completely unable', please complete the following 2 questions.

If 'Wheelchair independent', please complete the 'Wheelchair mobility' question below.

Who helps?

☐ No one ☐ Informal Carer(s) ☐ Aged Care Service Provider(s) ☐ Other

If 'Other', please specify

Limit 500 Characters

Is the need being met?

☐ Completely unmet ☐ Partially met ☐ Completely met ☐ Client does not require assistance

Any additional details?

Record how the client is currently completing this functional activity. Consider and record whether aspects of physical health and personal care are impacting on the client's ability to walk (e.g. injury, foot health etc.).

Record whether the client is currently receiving assistance or supervision of another person with walking and related activities, either around the home (indoors and outdoors) or away from (community mobility).

This excludes needing assistance with transportation.

Include assistance organised, provided or delivered by agencies (formal support) or assistance that is provided by family, friends or neighbours (carers) (informal support).

Record details relating to the support received, such as:

- Who provides the support
- What support is provided
- The period of time the client has received the support for.

Limit 500 Characters

Wheelchair mobility

Can you operate your wheelchair independently?

☐ Without help ☐ With some help ☐ Completely unable

If 'With some help' or 'Completely unable', please complete the following 2 questions.

Who helps?

☐ No one ☐ Informal Carer(s) ☐ Aged Care Service Provider(s) ☐ Other

If 'Other', please specify

Limit 500 Characters

Is the need being met?

☐ Completely unmet ☐ Partially met ☐ Completely met ☐ Client does not require assistance

Any additional details?

Without help means wheelchair independent - You can go around corners, turn around, manoeuvre the chair to a table, bed, toilet etc. Outside the home, you can operate a chair at least 50 metres and negotiate a curb 100mm high.

With help means either:

- Assistance outside home for tight corners or curbs. You can operate a wheelchair for a reasonable duration over terrain you know well. You may require minimal assistance in tight corners or to negotiate a curb 100mm high.
- Assistance at home One other person is required to be present to manipulate the wheelchair in the home. You require someone to be present to manipulate the wheelchair to the table bed, etc.
- Only short distances Only able to travel short distances on a flat surface. (You can use the wheelchair for short distances on a flat surface, but assistance is required for all other steps of wheelchair management.)

Completely unable to operate the wheelchair independently. You are unable to operate the wheelchair independently.

Limit 500 Characters

Climb stairs *

You can climb stairs independently, using handrails, cane or crutches. You can carry these aids as you ascend and descend.

☐ Without help ☐ With some help ☐ Completely unable

If 'With some help' or 'Completely unable', please complete the following 2 questions.

Who helps?

☐ No one ☐ Informal Carer(s) ☐ Aged Care Service Provider(s) ☐ Other

If 'Other', please specify

Limit 500 Characters

Is the need being met?

☐ Completely unmet ☐ Partially met ☐ Completely met ☐ Client does not require assistance

Any additional details?

Without help means You can climb stairs independently, using handrails, cane or crutches. You can carry these aids as you ascend and descend.

With Help means either:

- With occasional help at times of frailty or difficulty. Your ability to climb stairs independently fluctuates. At times, you need supervision.
- With supervision – you can ascend and descend stairs with supervision. Cannot carry walking aids up or down stairs. You always need supervision to ascend and descend stairs. You cannot carry your walking aids at the same time.
- All aspects – You require assistance in all aspects of ascending and descending stairs.

Completely unable means you are completely unable to ascend and descend stairs.

Limit 500 Characters

Take a bath or shower *

Observe the client complete a dry demonstration of their usual showering routine observing; sequence of task; how they wash all areas of their body; how and where they complete drying tasks, noting any strategies currently used, or previously trialled, to maintain their independence. Discuss the client's level of comfort and confidence throughout the task and explore aspects which are difficult or have increased in difficulty which could benefit from early intervention with strategies to promote independence.

☐ Without help ☐ With some help ☐ Completely unable

If 'With some help' or 'Completely unable', please complete the following 2 questions.

Who helps?

☐ No one ☐ Informal Carer(s) ☐ Aged Care Service Provider(s) ☐ Other

If 'Other', please specify

Limit 500 Characters

Is the need being met?

☐ Completely unmet ☐ Partially met ☐ Completely met ☐ Client does not require assistance

Any additional details?

Record how the client is currently completing this functional activity. Consider and record whether aspects of physical health and personal care are impacting on the client's ability to bathe or shower (e.g. injury, personal hygiene standards etc.).

Record whether the client is currently receiving assistance or supervision of another person with showering, having a bath, or to bathe.

Include assistance organised, provided or delivered by agencies (formal support) or assistance that is provided by family, friends or neighbours (carers) (informal support).

Record details relating to the support received, such as:

- Who provides the support
- What support is provided
- The period of time the client has received the support for.

Limit 500 Characters

Dressing *

Observe client demonstrate how they usually complete task including: choose their clothing; gross motor task such as placing on jackets or tops, bending or moving to place underwear and lower garments over feet, bending or moving legs to place shoes on / off; fine motor task such as buttons, zips.

☐ Without help ☐ With some help ☐ Completely unable

If 'With some help' or 'Completely unable', please complete the following 2 questions.

Who helps?

☐ No one ☐ Informal Carer(s) ☐ Aged Care Service Provider(s) ☐ Other

If 'Other', please specify

Limit 500 Characters

Is the need being met?

☐ Completely unmet ☐ Partially met ☐ Completely met ☐ Client does not require assistance

Any additional details?

Record how the client is currently completing this functional activity.

Record whether the client is currently receiving assistance or supervision of another person with dressing.

Include assistance organised, provided or delivered by agencies (formal support) or assistance that is provided by family, friends or neighbours (carers) (informal support).

Record details relating to the support received, such as:

- Who provides the support
- What support is provided
- The period of time the client has received the support for.

Limit 500 Characters

Grooming *

Are you able to take care of your personal appearance, including your face, hair, teeth cleaning, and shaving.

☐ Without help ☐ With some help ☐ Completely unable

If 'With some help' or 'Completely unable', please complete the following 2 questions.

Who helps?

☐ No one ☐ Informal Carer(s) ☐ Aged Care Service Provider(s) ☐ Other

If 'Other', please specify

Limit 500 Characters

Is the need being met?

☐ Completely unmet ☐ Partially met ☐ Completely met ☐ Client does not require assistance

Any additional details?

Without help means the client can wash their hands and face, comb hair, clean teeth and shaving safely.

With some help means the client is able to take care of their personal appearance, but requires minimal assistance before, during or after the activity e.g. placing toothpaste on the toothbrush or getting their towel.

Unable means the client is unable to attend to their personal appearance and is dependent in all aspects.

Limit 500 Characters

Eating *

The client's ability to feed themselves, not issues with swallowing. Consider cognitive as well as physical reasons.

☐ Without help ☐ With some help ☐ Completely unable

If 'With some help' or 'Completely unable', please complete the following 2 questions.

Who helps?

☐ No one ☐ Informal Carer(s) ☐ Aged Care Service Provider(s) ☐ Other

If 'Other', please specify

Limit 500 Characters

Is the need being met?

☐ Completely unmet ☐ Partially met ☐ Completely met ☐ Client does not require assistance

Any additional details?

Record how the client is currently completing this functional activity.

Record whether the client is currently receiving assistance or supervision of another person with eating.

Include assistance organised, provided or delivered by agencies (formal support) or assistance that is provided by family, friends or neighbours (carers) (informal support).

Record details relating to the support received, such as:

- Who provides the support
- What support is provided
- The period of time the client has received the support for.

Limit 500 Characters

Transfers *

Observe the client completing transfers relevant to their functional tasks such as: sit to stand from chair, toilet and / or lounge; transfer in and out of shower; negotiating any steps in home. Discuss any changes in ability which may occur throughout day and night. Consider impact of current transfers in community, such as being able to complete transfers at friend or family's homes, or during community activities.

☐ Without help ☐ Minor help ☐ Major help ☐ Completely unable

If 'Major help' or 'Completely unable', please complete the following 2 questions.

Who helps?

☐ No one ☐ Informal Carer(s) ☐ Aged Care Service Provider(s) ☐ Other

If 'Other', please specify

Limit 500 Characters

Is the need being met?

☐ Completely unmet ☐ Partially met ☐ Completely met ☐ Client does not require assistance

Any additional details?

Record how the client is currently completing this functional activity.

Record whether the client is currently receiving assistance or supervision of another person with activities such as maintaining or changing body position, carrying, moving and manipulating objects, getting in or out of bed or a chair.

Include assistance organised, provided, or delivered by agencies (formal support) or assistance that is provided by family, friends or neighbours (carers) (informal support).

Record details relating to the support received, such as:

- Who provides the support
- What support is provided
- The period of time the client has received the support for.

Limit 500 Characters

Upper body strength *

How much difficulty do you have lifting and carrying items weighing 5kg and moving them around your house. Examples: An air fryer, small microwave oven, two large bottles of milk and a large cat all weigh around 5kg.

☐ No difficulty ☐ Some difficulty ☐ Completely unable

If 'Some difficulty' or 'Completely unable', please complete the following 2 questions.

Who helps?

☐ No one ☐ Informal Carer(s) ☐ Aged Care Service Provider(s) ☐ Other

If 'Other', please specify

Limit 500 Characters

Is the need being met?

☐ Completely unmet ☐ Partially met ☐ Completely met ☐ Client does not require assistance

Any additional details

Limit 500 Characters

Toilet use *

The personal care aspect of toileting and the client's ability to transfer on/off the toilet. Consider cognitive as well as physical reasons. A client with dementia may be physically able to toilet, but may require prompting. Any issues with incontinence may also be recorded here.

☐ Without help ☐ Minor help ☐ Major help ☐ Completely unable

If 'Major help' or 'Completely unable', please complete the following 2 questions.

Who helps?

☐ No one ☐ Informal Carer(s) ☐ Aged Care Service Provider(s) ☐ Other

If 'Other', please specify

Limit 500 Characters

Is the need being met?

☐ Completely unmet ☐ Partially met ☐ Completely met ☐ Client does not require assistance

Any additional details?

Limit 500 Characters

Toileting – Bladder *

The personal care aspect of toileting and the client's ability to transfer on/off the toilet. Consider cognitive as well as physical reasons. A client with dementia may be physically able to toilet, but may require prompting. Any issues with incontinence may also be recorded here.

☐ Continent (for over 7 days)
☐ Occasional accident (max. once per 24 hours)
☐ Incontinent, or catheterised and unable to manage

If 'Occasional accident' or 'Incontinent, or catheterised and unable to manage', please answer the questions below.

Is the client managing urinary incontinence issue?

☐ Yes ☐ No

If 'No', please answer the next question about completing the RUIS. NOTE: Non-clinical assessors MUST complete this section with the involvement of a clinical assessor, in accordance with your organisation's clinical governance framework and standard operating procedures.

If 'No', is the client able/willing to complete the Revised Urinary Incontinence Scale (RUIS)?

The RUIS is a short, reliable and valid five item scale that can be used to assess urinary incontinence and to monitor patient outcomes following treatment. When completing the RUIS, respondents select one particular response option from the set of standard response options for each of the five questions. With only 5 items the RUIS is short and simple to use and score. Most patients will only take a minute to complete it.

☐ Yes, please complete RUIS below. ☐ No

If 'No', what is the client urinary incontinence severity?

☐ Occasional ☐ Mild ☐ Moderate ☐ Severe

Revised Urinary Incontinence Scale (RUIS)

Urine leakage related to the feeling of urgency

☐ Not at all ☐ Slightly ☐ Moderately ☐ Greatly

Urine leakage related to physical activity, coughing or sneezing

☐ Not at all ☐ Slightly ☐ Moderately ☐ Greatly

Small amounts of urine leakage (drops)

☐ Not at all ☐ Slightly ☐ Moderately ☐ Greatly

How often do you experience urine leakage?

☐ Never ☐ Less than once a month ☐ A few times a month ☐ A few times a week ☐ Everyday or night

How much urine do you lose each time?

☐ None ☐ Drops ☐ Small Splashes ☐ More

Sansoni J, Hawthorne G, Fleming G, Owen E and Marosszeky N (2015) Technical Manual and Instructions: Revised incontinence and Patient Satisfaction Tools, Version 2, Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong. Used by permission.

Toileting – Bowels *

The personal care aspect of toileting and the client's ability to transfer on/off the toilet. Consider cognitive as well as physical reasons. A client with dementia may be physically able to toilet, but may require prompting. Any issues with incontinence may also be recorded here.

☐ Continent ☐ Occasional accident (once/ week) ☐ Incontinent (or needs to be given enema)

If 'Occasional accident' or 'Incontinent (or needs to be given enema)', please answer the questions below.

Is the client managing bowel incontinence issue?

☐ Yes ☐ No

If 'No', please answer the next question about completing the RFIS. NOTE: Non-clinical assessors MUST complete this section with the involvement of a clinical assessor, in accordance with your organisation's clinical governance framework and standard operating procedures.

If 'No', is the client able to complete the Revised Faecal Incontinence Scale (RFIS)

☐ Yes ☐ No

If 'No', Client bowel incontinence severity

☐ Occasional ☐ Mild ☐ Moderate ☐ Severe

Revised Faecal Incontinence Scale (RFIS)

Do you leak, have accidents or lose control with solid stool?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often or usually ☐ Always

Do you leak, have accidents or lose control with liquid stool?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often or usually ☐ Always

Do you leak stool if you don't get to the toilet in time?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often or usually ☐ Always

Does stool leak so that you have to change your underwear?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often or usually ☐ Always

Does bowel or stool leakage cause you to alter your lifestyle?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often or usually ☐ Always

Sansoni J, Hawthorne G, Fleming G, Owen E and Marosszeky N (2015) Technical Manual and Instructions: Revised incontinence and Patient Satisfaction Tools, Version 2, Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong. Used by permission.

NOTE: This question can only be answered by clinical assessors.

Are you likely to recommend residential respite care? *

If a residential respite care recommendation is likely, the DEMMI must be completed while observing the client's mobility during the assessment.

☐ Yes – complete the DEMMI on the next page (only to be completed by clinical assessors who have completed DEMMI training)

☐ No – continue to the 'Function Assessor notes' question after the DEMMI.

De Morton Mobility Index (DEMMI) – Modified

NOTE: This section must only be completed by clinical assessors who have completed the DEMMI-modified training

General Description

Measures the mobility of older people across clinical settings and rates what the person is capable of doing (Can Do), rather than what they currently do.

Capability – take account of physical function, cognition and behaviour, motivation, and organisational ability.

If differences in function occur in different environments or times of the day (i.e. day/night), record the lower score.

Preferably base this tool on direct observation, unless there is a falls risk or it causes the resident distress.

Rate with current aids and appliances in place.

Scoring definitions

Minimal assistance – 'hands-on' physical but minimal assistance, primarily to guide movement.

Supervision – another person monitors the activity without providing hands-on assistance. May include verbal prompting.

Independent – the presence of another person is not considered necessary for safe mobility.

Bed

Bridge

Person is lying supine and is asked to bend their knees and lift their bottom clear of the bed.

☐ Unable ☐ Able

Roll onto side

Person is lying supine and is asked to roll onto one side without external assistance.

☐ Unable ☐ Able

Lying to sitting

Person is lying supine and is asked to sit up over the edge of the bed.

☐ Unable ☐ Minimal Assistance ☐ Supervision ☐ Independent

Chair

Sit unsupported in chair

Person is asked to maintain sitting balance for 10 seconds while seated on the chair, without holding arm rests, slumping or swaying. Knees and feet are placed together and feet can be resting on the floor.

☐ Unable ☐ 10 Seconds

Sit to stand from chair

Person is asked to rise from sitting to standing using the arm rests of the chair.

☐ Unable ☐ Minimal Assistance ☐ Supervision ☐ Independent

Sit to stand without using arms *

☐ Unable ☐ Able

Static balance – no gait aid

Stand unsupported

The person is asked if they can stand for 10 seconds without external support.

☐ Unable ☐ 10 Seconds

Stand feet together

The person is asked if, for 10 seconds, they can stand with their feet together.

☐ Unable ☐ 10 Seconds

Stand on toes

The person is asked if they can stand on their toes for 10 seconds.

☐ Unable ☐ 10 Seconds

Tandem stand with eyes closed

The person is asked to place the heel of one foot directly in front of the other with their eyes closed for 10 seconds.

☐ Unable ☐ 10 Seconds

Walking

Walking distance +/- gait aid

Persons will be asked to walk with their current gait aid to where they can without a rest. Testing ceases if the person stops to rest Gait aid: The person uses the gait aid that is currently most appropriate for them (nil/frame/stick/other). If either of two gait aids could be used, the aid that provides the person with the highest level of independence should be used. Testing ceases once the person reaches 50 metres.

☐ Never ☐ 5 metres ☐ 10 metres ☐ 20 metres ☐ 50 metres

Walking independence

Independence is assessed over the person's maximum walking distance up to 50m (from item above 'Walking distance +/- gait aid).

☐ Unable ☐ Minimal Assistance ☐ Supervision ☐ Independent without gait aid ☐ Independent with gait aid

Function Assessor notes *

A holistic summary of:

- The client's level of function
- The impact on activities of daily living
- Any unmet needs
- The services and supports required for the client to remain living independently
- Outcomes of relevant Supplementary Assessment Tools.

Limit 1000 Characters

Physical Health

Sensory concerns *

Whether the client has any concerns or difficulties with their vision, hearing or speech. Multiple responses may be appropriate.

☐ Yes ☐ No

If 'Yes', please answer the following 5 questions.

Does the client have any vision, hearing, speech or somato related concerns or difficulties?

Vision

☐ Low Vision ☐ Monocular Blindness ☐ Binocular Blindness

Hearing

☐ Poor hearing ☐ Deafness

Speech

☐ Yes ☐ No

Somato Sensory (relating to sensation anywhere in the body)

☐ Pressure ☐ Pain ☐ Warmth ☐ Other

If any sensory concerns, please provide details

Consider and record whether the issue is impacting the client's functioning in terms of activities in the home, moving in the community, engaging in social activities, and connecting with friends and families. Record whether the client has any aids that assist them, and/or whether the client would benefit from assistance of aids.

Limit 500 Characters

Personal Health

Any oral health concerns? (e.g. problems with teeth, mouth and/or dentures) *

Whether the client has any oral health concerns such as problems with their teeth, mouth or dentures.

☐ Yes ☐ No

If 'Yes', please specify.

Consider and record whether the client has:

- Any concerns with their oral health
- Any problems with their teeth, mouth or dentures
- Pain or sore teeth when they eat
- Seen a dental practitioner recently.

Limit 500 Characters

Do you have any problems with swallowing causing difficulties when you eat or drink?

Whether a client has problems swallowing (dysphagia).

☐ Yes always ☐ Yes sometimes ☐ Yes rarely ☐ No ☐ Other

If 'Yes always', 'Yes sometimes', 'Yes rarely' or 'Other', please specify.

Limit 500 Characters

Any foot problems that affect your ability to walk or move about? *

☐ Yes ☐ No

If 'Yes', select foot problems

☐ Painful feet inclusion painful corns, arthritis
☐ Bunions
☐ Gout
☐ Swollen ankles/feet
☐ Toe deformities (hammer, mallet, and claw toes)
☐ Fallen arches
☐ Other

If 'Other', please specify.

Limit 500 Characters

Any major skin conditions? *

Whether the client has any major skin conditions.

☐ Yes ☐ No

If 'Yes', select all that apply

☐ Pressure ulcer
☐ Other skin ulcer
☐ Healing surgical wounds
☐ Other skin tears, cuts or lesions
☐ Other skin problems (e.g bruising, rashes, eczema)
☐ Other

If 'Other', please specify.

Consider and record:

- The skin condition(s) the client has and their impact on day-to-day functioning
- Whether the skin condition(s) require treatment, how frequently, and how it is currently being managed
- Whether a referral is required for nursing/wound management.

Limit 500 Characters

During the past month, has it often been too painful to do many of your day to day activities? *

Whether the client has experienced any pain or discomfort during the past four weeks.

☐ Yes ☐ No

If 'Yes', please specify.
Consider and record:

- The cause of the pain
- The level of pain
- Where the pain occurs
- What impact the pain has on their ability to complete functional activities or ability to sleep
- Strategies used to manage the pain (e.g. medication, massage, heat/cold pack, changing position on a regular basis, sleeping upright in a chair or attendance at a pain clinic).

Limit 500 Characters

Do you experience any difficulties with sleep?
(e.g. difficulty falling asleep, fragment sleep, insufficient sleep) *

Whether the client experiences any difficulties sleeping.

☐ Yes ☐ No

If 'Yes', please specify.

Limit 500 Characters

How often do you have six or more alcoholic drinks on one occasion? *

Whether the client has six or more drinks on one occasion.

☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily

If 'Less than monthly', 'Monthly', 'Weekly' or 'Daily or almost daily', please specify.
Consider and record:

- The level of alcohol use (i.e. how often the client has six or more standard alcoholic drinks on any one occasion)
- The impact of alcohol use (such as on medication use, physical health and medical history, functional abilities, psychological wellbeing and age)
- Whether alcohol use is causing problems for the client (e.g. accidents, adverse interactions with medications, financial hardship, relationship breakdown, legal issues, dependence)
- Relevant history relating to alcohol use.

Limit 500 Characters

Do you smoke or have you smoked in the past? *

Whether the client smokes or has smoked in the past.

☐ Never smoked ☐ Has quit smoking ☐ Currently smokes

If 'Has quit smoking', please specify, when did you quit smoking?

Limit 500 Characters

If 'Currently smokes', do you want to be a smoker?

☐ Yes ☐ No

In the past year, have you used an illegal or prescriptive drug for non-medical reasons?

☐ Never ☐ Once or twice ☐ Monthly ☐ Weekly ☐ Daily or almost daily

General and personal health observations

Limit 1500 Characters

Frailty

Have you had any falls or near falls in the last 12 months? *

Whether the client has had any slips, trips or falls in the past 12 months.

☐ Yes ☐ No

If 'Yes', please answer the following.

How many falls or near falls in last 12 months?

Have you had any falls or near falls in the last 4 weeks? *

☐ Yes ☐ No

How many falls or near falls in the last 4 weeks?

Assessor notes about the falls (e.g. time, location, direction and cause of fall)

Consider and record:

- The number of falls and/or near misses
- The cause of the falls (e.g. a trip, slip, fainting or dizziness)
- Contributing factors to the fall (e.g. vision impairment, injury, feet and footwear etc.)
- Where the falls occurred
- Whether the client injured themselves or required medical attention/admission to hospital
- If the client's GP is aware of the falls
- If the client has attended a falls clinic
- Whether the client is afraid of falling.

Limit 500 Characters

Have you unintentionally lost any weight in the last three months? *

☐ No weight loss ☐ 1-5kg or less than 5% of body weight ☐ More than 5kg or more than 5% of body weight

How much of your time in the past 4 weeks did you feel tired? *

☐ All of the time ☐ Some, a little or none of the time

In the past 4 weeks, by yourself and not using aids, do you have any difficulty walking up 10 steps without resting? *

☐ Yes ☐ No

In the past 4 weeks, by yourself and not using aids, do you have any difficulty walking 300 m or around the block? *

☐ Yes ☐ No

Does the client have any of these illnesses?

☐ Hypertension ☐ Diabetes ☐ Cancer (not a minor skin cancer)

☐ Chronic lung disease ☐ Heart attack ☐ Congestive heart failure

☐ Angina ☐ Asthma ☐ Arthritis

☐ Kidney disease

Limit 500 Characters

Do you ever feel lonely, down or socially isolated? *

☐ Not sure ☐ No, not at all ☐ Occasionally ☐ Sometimes ☐ Most of the time

If the client is an Aboriginal and/or Torres Strait Islander person, please complete either Good Spirit Good Life Tool, on page Append_p4 or Duke Social Support Index – Social Interaction Subscale and Satisfaction with social support subscale (below).

Duke Social Support Index – Social Interaction Subscale (DSSI_SI)

Other than members of your family, how many persons in your local area do you feel you can depend on or feel very close to?

☐ None ☐ 1-2 people ☐ More than 2 people

How many times during the past week did you spend time with someone who does not live with you, that is, you went to see them or they came to visit you or you went out together?

☐ None ☐ Once ☐ Twice ☐ Three times ☐ Four times ☐ Five times ☐ Six times ☐ Seven or more times

How many times did you talk or communicate to someone, friends, relatives or others on the telephone, mobile (e.g. text message) or social media (e.g. Facebook, snapchat, Instagram) in the past week (either they contacted you or you contacted them)?

☐ None ☐ Once ☐ Twice ☐ Three times ☐ Four times ☐ Five times ☐ Six times ☐ Seven or more times

About how often did you go to meetings of clubs, religious meetings or other groups that you belong to in the past week?

☐ None ☐ Once ☐ Twice ☐ Three times ☐ Four times ☐ Five times ☐ Six times ☐ Seven or more times

Landerman alternative models stress buffering 1989.

Duke Social Support Index – Satisfaction with social support Subscale (DSSI_SSS)

Does it seem that your family and friends (people who are important to you) understand you?

☐ Hardly ever ☐ Some of the time ☐ Most of the time

Do you feel useful to your family and friends (people important to you)?

☐ Hardly ever ☐ Some of the time ☐ Most of the time

Do you know what is going on with your family and friends?

☐ Hardly ever ☐ Some of the time ☐ Most of the time

When you are talking with your family and friends, do you feel you are being listened to?

☐ Hardly ever ☐ Some of the time ☐ Most of the time

Do you feel you have a definite role (place) in your family and among your friends?

☐ Hardly ever ☐ Some of the time ☐ Most of the time

Can you talk about your deepest problems with at least some of your family and friends?

☐ Hardly ever ☐ Some of the time ☐ Most of the time

How satisfied are you with the kinds of relationships you have with your family and friends?

☐ Very dissatisfied ☐ Somewhat dissatisfied ☐ Satisfied

Landerman alternative models stress buffering 1989

Assessor observation about family, community engagement and support

Record information relating to the personal and family support networks the client has in place.

Consider and record the client's:

- Family situation and relationship with close family (partners, children) and extended family
- Engagement with social/community groups, clubs etc.

Consider and record whether:

- There has been any recent changes in the client's family, cultural and social situation
- The client is experiencing loneliness and/or social isolation.

Limit 1500 Characters

Does client have a confirmed dementia diagnosis from a geriatrician or neurologist? *

☐ Yes ☐ No

The following 5 questions present options for validated cognition assessment tools. These tools are not all required or suitable for each client – you should select the tool(s) most suitable for the client. The MAClearning element 'Validated Assessment Tools in Practice' and the IAT User guide for more guidance about these tools.

For an Aboriginal and/or Torres Strait Islander client, is it suitable the client complete the KICA COG? *

☐ Yes, go to KICA-COG: Cognitive Assessment, on page Append_p6

☐ No

For an Aboriginal and/or Torres Strait Islander client, is it suitable the client complete the KICA COG Regional Urban?

☐ Yes, go to KICA-COG Regional Urban: Cognitive Assessment, on page Append_p8

☐ No

For an Aboriginal and/or Torres Strait Islander client, is there is an informant available to complete the KICA Carer?

☐ Yes, Kimberley Indigenous Cognitive Assessment – Carer: Cognitive Informant, on page Append_p10

☐ No

Is it suitable the client complete the GPCog – Step 1?

☐ Yes, GPCog – Step 1, on page 49

☐ No

Is there an informant available to complete GPCog – Step 2?

☐ Yes, GPCog – Step 2, on page 50

☐ No

GPCog – Step 1

What is the date? (exact only)

☐ Correct ☐ Incorrect

Name and address for subsequent recall test

I am going to given you a name and address.

After I have said it, I want you to repeat it.

Remember this name and address because I am going to ask you to tell me again in a few minutes:

John Brown, 42 West Street, Kensington

(allow a maximum of four attempts)

Please mark in all the numbers to indicate the hours of a clock (correct spacing required)

☐ Correct ☐ Incorrect

Please mark in hands to show 10 minutes past eleven o'clock (11:10)

☐ Correct ☐ Incorrect

Can you tell me something that happened in the news recently?

☐ Correct ☐ Incorrect

What was the name and address I asked you to remember?

John

☐ Correct ☐ Incorrect

Brown

☐ Correct ☐ Incorrect

West Street

☐ Correct ☐ Incorrect

Kensington

☐ Correct ☐ Incorrect

42

☐ Correct ☐ Incorrect

GPCog – Step 2 can be asked if the client answers any questions incorrectly in GPCog – Step 1 and an informant is available to answer the questions.

GPCog – Step 2

NOTE: Non-clinical assessors MUST complete this section with the involvement of a clinical assessor, in accordance with your organisation's clinical governance framework and standard operating procedures.

Informant's name

Date of informant interview / /

Does the patient have more trouble remembering things that have happened recently than s/he used to?

☐ Yes ☐ No ☐ Don't know ☐ Not applicable

Does he or she have more trouble recalling conversations a few days later?

☐ Yes ☐ No ☐ Don't know ☐ Not applicable

When speaking, does the patient have more difficulty in finding the right word or tend to use the wrong words more often?

☐ Yes ☐ No ☐ Don't know ☐ Not applicable

Is the patient less able to manage money and financial affairs (e.g. paying bills, budgeting)?

☐ Yes ☐ No ☐ Don't know ☐ Not applicable

Is the patient less able to manage his or her medication independently?

☐ Yes ☐ No ☐ Don't know ☐ Not applicable

Does the patient need more assistance with transport (either private or public)?
(If the patient has difficulties due only to physical problems, e.g. bad leg, tick 'No')

☐ Yes ☐ No ☐ Don't know ☐ Not applicable

Extended Cognitive assessment questions

NOTE: Non-clinical assessors MUST complete this section with the involvement of a clinical assessor, in accordance with your organisation's clinical governance framework and standard operating procedures.

Short term memory problems

When a client experiences short term memory loss he or she can remember incidents from 20 years ago but are unable, for example, to remember details of events that happened 20 minutes ago. Each client may have different time deficits.

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

Long term memory problems

In contrast to short term memory problems a person is able to remember events/details within a short time period but is unable, for example, to remember events/details from their childhood. Each client may have different time deficits.

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

Impaired judgement

This condition results in a person not being able to make good decisions due to underlying medical problems.

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

Delirium

An acute change in mental status characterised by a disturbance of consciousness, attention, cognition and perception that can develop hours to a few days.

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

At risk behaviour

Behaviours that put the client or others at risk of harm.

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

Confusion

This behaviour can come on quickly or slowly over time depending on the cause.

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

Disorientation – time

Unable to identify the time, day, date or year.

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

Disorientation – place

Unable to identify where they live or where they are currently placed.

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

Disorientation – people

Unable to identify person(s) such as family or friends.

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

Assessor notes on cognition

Limit 500 Characters

Behaviour

Does the client experience feeling aggression, agitated or have found themselves wandering? *

☐ Yes ☐ No

Are there any reported changes in the client's personality? *

Whether the client has experienced any changes in their personality.

☐ Yes ☐ No

If 'Yes', please complete 'Extended Behaviour Assessment'.

Extended behaviour assessment

NOTE: Non-clinical assessors MUST complete this section with the involvement of a clinical assessor, in accordance with your organisation's clinical governance framework and standard operating procedures.

Aggressive behaviour – Verbal

Where a client yells, screams and/or threatens.

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

Aggressive behaviour – Physical

Where a client hits, scratches, bites, pushes, shoves, throws things or uses weapons.

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

Resistive behaviour

Where a client resists/opposes or withstands help or care-giving tasks such as taking medication, eating or self-feeding.

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

Agitation

Extreme emotional disturbance.

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

Hallucinations/delusions

Hallucinations can occur in any sensory modality: auditory, visual, olfactory, gustatory and tactile. Delusions are false or erroneous beliefs that usually involve a misinterpretation of perceptions or experiences.

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

Wandering

To move about without a definite destination or purpose.

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

Assessor notes on behaviours

Consider and record:

- The changes experienced by the client (e.g. aggression, wandering, inappropriate exposure, hoarding, agitation, hallucinations, delusions)
- When the changes occurred
- The impact of the changes on day-to-day tasks and the client's quality of life
- Whether the client is receiving assistance to manage these changes, and from whom
- Who this information was collected from (if not the client).

Limit 500 Characters

Psychological

1. Feeling nervous, anxious or on edge the last 2 weeks? *

☐ No, not at all ☐ Several Days ☐ More than half of the days ☐ Nearly every day

2. Not being able to stop or control worrying last 2 weeks? *

☐ No, not at all ☐ Several Days ☐ More than half of the days ☐ Nearly every day

3. Little interest or pleasure in doing things last 2 weeks? *

☐ No, not at all ☐ Several Days ☐ More than half of the days ☐ Nearly every day

4. Feeling down, depressed or hopeless last 2 weeks? *

☐ No, not at all ☐ Several Days ☐ More than half of the days ☐ Nearly every day

Advanced psychological assessment

NOTE: Non-clinical assessors MUST complete this section with the involvement of a clinical assessor, in accordance with your organisation's clinical governance framework and standard operating procedures. Please refer to the IAT user guide for instructions on when to complete the advanced psychological assessment.

Has the client experienced stressful events over the past three months (e.g. bereavement, severe illness or injury of self/family/friend, separation from family/partner, major financial loss or being a victim of a crime)?

☐ Yes, please specify ☐ No

Limit 500 Characters

Disturbed sleep/insomnia

Persistent difficulty in initiating or maintaining sleep

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

Anxiety

Unpleasant state of inner turmoil, often accompanied by nervous behaviour such as pacing back and forth, somatic complaints and rumination

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

Symptoms of depression

Depressive symptoms include physical symptoms, long periods of feeling lonely, overwhelming feelings of being unable to keep going or regular tears

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

Apathy

Absence or suppression of passion, emotion or excitement

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

Loneliness

Loneliness can be expressed as feeling lonesome, alone, deserted or isolated from friends/family/their community

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

Social isolation

Where a client lacks engagement with others, has a minimal number of social contacts and is deficient in fulfilling quality relationships

☐ Unable to determine ☐ Never ☐ Occasionally ☐ Regularly ☐ Always

Do you want to complete the Geriatric Depression Scale (GDS)? *

☐ Yes ☐ No

If 'Yes', complete the GDS below.

Geriatric Depression Scale (GDS)

NOTE: Non-clinical assessors MUST complete this section with the involvement of a clinical assessor, in accordance with your organisation's clinical governance framework and standard operating procedures.

Choose the best answer for how you felt over the past week.

Are you basically satisfied with your life?

☐ Yes ☐ No

Have you dropped many of your activities or interests?

☐ Yes ☐ No

Do you feel that your life is empty?

☐ Yes ☐ No

Do you often get bored?

☐ Yes ☐ No

Are you in good spirits most of the time?

☐ Yes ☐ No

Are you afraid that something bad is going to happen to you?

☐ Yes ☐ No

Do you feel happy most of the time?

☐ Yes ☐ No

Do you feel helpless?

☐ Yes ☐ No

Do you prefer to stay at home, rather than go out and do things?

☐ Yes ☐ No

Do you feel that you have more problems with memory than most?

☐ Yes ☐ No

Do you think it is wonderful to be alive now?

☐ Yes ☐ No

Do you feel pretty worthless the way you are now?

☐ Yes ☐ No

Do you feel full of energy?

☐ Yes ☐ No

Do you feel that your situation is hopeless?

☐ Yes ☐ No

Do you think that most people are better off then you are?

☐ Yes ☐ No

Jerome A Yesavage Geriatric Depression Scale Psychopharmacology Bulletin (1988) 24:4;709-711. Used by permission.

Assessor psychological observations

A detailed description of the psychological conditions/signs and symptoms identified at assessment effecting a client's ability to undertake activities of daily living and instrumental activities of daily living. The descriptions can include such matters as: decision making, ability to recognise family and friends, or any behaviours of concern. Record outcomes of relevant Supplementary Assessment Tools.

Limit 1500 Characters

Assess the home and garden and ask the client about: *

- Any difficulty/unsteadiness/need to hold onto doors or walls when on steps/stairs or getting in and out of the shower
- Any trouble getting on and off the toilet
- Any trouble navigating the house at night
- Any near slips or trips on surfaces.

☐ Home and garden safe
☐ Moderate environmental hazards requiring modification
☐ Minimal environmental hazards
☐ Extremely unsafe environment

General observations of the home environment

During an assessment, observation provides an opportunity to note a client's home environment.

An assessor can make observations about the client's safety in their home, including how they:

- Negotiate stairs (internal and external) and uneven flooring
- Access cupboards, the garden, clothesline, letterbox, driveway
- Move freely around the home.

Observe whether:

- There is clutter present
- The garden is neat and tidy or overgrown
- Light globes (inside and outside) are working, and there is adequate natural lighting
- The home is in need of general maintenance and repairs.

Limit 500 Characters

Home safety equipment client has

☐ Smoke alarm(s)
☐ Personal alarm
☐ Personal emergency plan
☐ Other technology

Characteristics of client's house

☐ Single storey no steps inside or outside home
☐ Single storey with some internal or external steps
☐ Multi storey with stairs
☐ Multi storey with stairs with chair lift or elevation in home

Characteristics of client's garden

☐ Mowing and/or gardening (weeding, hedging etc) required
☐ Mowing only required
☐ Gardening only (weeding, hedging etc) required
☐ No garden

Home maintenance (including gardening) concerns *

Whether the client is able to keep their home in a safe and habitable condition, for example, changing light bulbs and basic gardening.

☐ Yes ☐ No

If 'Yes', please specify.

Consider and record:

- Activities the client undertakes to maintain their home, and how frequently they undertake these activities
- Any assistance or supervision of another person with basic maintenance and repair of the person's home, garden or yard.

Limit 500 Characters

There is help for client's home maintenance *

☐ Yes ☐ No

If 'Yes', who helps?

☐ Partner ☐ Mother ☐ Father

☐ Daughter ☐ Son ☐ Daughter in law

☐ Son in law ☐ Other relative ☐ Friend/neighbour

☐ Service provider ☐ Other

If 'Other', please specify.

Limit 500 Characters

Is the Client living in unstable accommodation, such as having short term accommodation, having no accommodation, or living in a boarding house without security of tenure? *

☐ Yes ☐ No

Home and personal safety assessor notes

Limit 1500 Characters

Financial or Legal

Are there any financial or legal issues? *

☐ Yes ☐ No, go to Financial or legal observations, on page 59

If 'Yes', please complete the 'Extended Financial or Legal' section below.

Extended Financial or Legal

Is the client capable of making their own decisions?

☐ Yes ☐ No

Is there a power of attorney?

☐ Yes ☐ No

Who makes or assists the client in making health decisions?

☐ Self ☐ Power of attorney ☐ Advance health directive ☐ Person responsible or appointed guardian

Who makes or assists the client in making financial decisions?

☐ Self ☐ Power of attorney ☐ Advance health directive ☐ Person responsible or appointed guardian

Does the client have enough financial resources to meet emergencies?

☐ Yes ☐ No

If 'No', please specify.

Limit 500 Characters

Is the client subject to a Mental Health Act order under the relevant state/territory Mental Health Act?

☐ Yes ☐ No

If 'Yes', please specify.

Limit 500 Characters

Does the client have an Advanced Care Plan?

☐ Yes ☐ No

If 'Yes', please specify.

Limit 500 Characters

What is the client's employment status?

☐ Home duties ☐ Retired for age ☐ Retired for disability ☐ Other

If 'Other', please specify.

Limit 500 Characters

Financial or legal observations

Record the name of the person(s) who assists and the types of decisions they provide assistance with. Consider whether the person(s) should be established as a representative for the client. Also, review the client record and see whether there are existing representative/relationships established, and whether these relationships provide assistance with decision making.

Limit 1500 Characters

Health and safety

At risk of, or suspected, or confirmed elder abuse? *

☐ Yes ☐ No

If 'Yes', what types of elder abuse is the client at risk of or suspected?

☐ Financial ☐ Physical (including restraint) ☐ Emotional

☐ Sexual ☐ Social ☐ Neglect

☐ Other

If 'Other', please specify.

Limit 500 Characters

Client refusing assistance or services when they are clearly needed to maintain safety and wellbeing *

☐ Yes ☐ No

Any evidence that the client is self-neglecting of personal care, nutrition or safety? *

☐ Yes ☐ No

If 'Yes', please specify

Limit 500 Characters

Risk client may cause harm to themselves or others *

☐ Yes ☐ No

Client has a memory problem or confusion that significantly limits self-care capacity, requires intensive supervision and/or frequent changes to support *

☐ Yes ☐ No

Client has emotional or mental health issues that significantly limits self-care capacity, requires intensive supervision and/or frequent changes to support *

☐ Yes ☐ No

Client diversity

Does the client identify as: *

- ☐ Culturally and linguistically diverse background
- ☐ An Aboriginal and/or Torres Strait Islander person
- ☐ Living in a rural or remote area
- ☐ Financially or socially disadvantaged
- ☐ A Veteran
- ☐ Homeless
- ☐ At risk of being homeless
- ☐ A lesbian, gay, bisexual, transgender, or intersex person
- ☐ A person separated from your parents or children by forced adoption or removal
- ☐ A socially isolated individual
- ☐ Other

If 'Other', please specify

Limit 255 Characters

Assessor's notes

Limit 1500 Characters

Does the client require urgent service provision? *

☐ Yes ☐ No

Details of person the client is receiving support from

Record the carer(s) name, their relationship to the client and their details (such as contact information and whether they live with the client). Consider whether the person(s) should be established as a representative/ relationship on the client's record. Also, review the client record and see whether there are existing representative/relationships established, and whether these relationships constitute a caring relationship that should be discussed at assessment.

Name *

Telephone *

Relationship to client *

- ☐ Partner
- ☐ Mother
- ☐ Father
- ☐ Daughter
- ☐ Son
- ☐ Daughter in law
- ☐ Son in law
- ☐ Other relative
- ☐ Friend/neighbour
- ☐ Other

If 'Other', please specify

Limit 500 Characters

Does the person helping live with the client? *

- ☐ Yes
- ☐ No

Does the person helping the client have paid employment? *

- ☐ Yes, full time
- ☐ Yes, part time
- ☐ No

Types of support provided by person helping the client *

- ☐ Light cleaning/ Housework
- ☐ Heavy Cleaning/Housework
- ☐ Shopping
- ☐ Cooking/Meals
- ☐ Showering/Bathing
- ☐ Transport
- ☐ Laundry (including washing and hanging)
- ☐ Dressing
- ☐ Social support/company
- ☐ Mobility
- ☐ Medication management
- ☐ Supervision
- ☐ Care coordination
- ☐ Accompanying to medical appointments
- ☐ Community access
- ☐ Therapy assistance
- ☐ Help with administration/ paperwork
- ☐ Decision making support
- ☐ Behaviour support
- ☐ Emotional support
- ☐ Communication support
- ☐ Overnight assistance
- ☐ Chronic disease management
- ☐ Continence support
- ☐ Wound care
- ☐ Other

If 'Other', please specify

Limit 500 Characters

Are there factors affecting carer availability and sustainability of care relationship?

☐ Yes ☐ No

If 'Yes', indicate the factors affecting carer availability and sustainability of care relationship.

☐ Carer's emotional health and well being
☐ Carer's physical health and well being
☐ Carer has other responsibilities
☐ Carer's work/study hours
☐ Other impacts of care

If 'Other impacts of care', please specify

Limit 500 Characters

Typical hours per day carer provides help

How many hours? (0–24)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Back to assessment, on page 14

Person the client is caring for

Which category does the person the client is caring for match? *

- ☐ ≥65 years old and not Aboriginal or Torres Strait Islander
- ☐ ≥50 years old and is an Aboriginal or Torres Strait Islander
- ☐ ≥45 years old and is Aboriginal or Torres Strait Islander and homelessness or at risk as a result of experiencing housing stress or not having secure accommodation
- ☐ ≥50 and over and not Aboriginal or Torres Strait Islander and homelessness or at risk as a result of experiencing housing stress or not having secure accommodation
- ☐ Does not meet any of above criteria
- ☐ Other

Name *

Relationship to the person the client is caring for *

☐ Partner	☐ Mother	☐ Father	☐ Other
☐ Daughter	☐ Son	☐ Daughter in law	
☐ Son in law	☐ Other relative	☐ Friend/neighbour	

If 'Other', please specify

Limit 500 Characters

Describe the person the client is supporting *

Limit 300 Characters

Describe the types of support provided by client *

Limit 300 Characters

Back to assessment, on page 16

Good Spirit Good Life Tool

NOTE: This tool is validated for use with First Nations clients only.

Further guidance on using the GSGL is available at this link: https://www.aboriginalageingwellresearch.com/gsgl-resources

I would like to ask some questions on how you feel about your life today. There are no right or wrong answers.

Family and Friends

Do you get to have a yarn and spend time with family or friends?

☐ All the time ☐ Most of the time ☐ Sometimes ☐ Not much ☐ Never

Country

Do you feel you spend enough time connecting to country?
Prompt with examples e.g. yarning about country, going back to country.

☐ All the time ☐ Most of the time ☐ Sometimes ☐ Not much ☐ Never

Community

Do you feel connected to the Aboriginal community?

☐ All the time ☐ Most of the time ☐ Sometimes ☐ Not much ☐ Never

Culture

Do you feel connected to cultural ways?
Prompt with examples e.g. attending Aboriginal events and meetings, sharing traditional foods.

☐ All the time ☐ Most of the time ☐ Sometimes ☐ Not much ☐ Never

Health

Do you do things to take care of your health?

☐ All the time ☐ Most of the time ☐ Sometimes ☐ Not much ☐ Never

Respect

Do you feel respected and valued as an elder/older person?

☐ All the time ☐ Most of the time ☐ Sometimes ☐ Not much ☐ Never

Elder Role

Do you feel you can share your knowledge and stories with the younger mob?

☐ All the time ☐ Most of the time ☐ Sometimes ☐ Not much ☐ Never

Supports and Services

Do you feel the services you use are respectful and support your needs?
In residential care ask: Do you feel this place is respectful and supports your needs?

☐ All the time ☐ Most of the time ☐ Sometimes ☐ Not much ☐ Never

Safety and Security

Do you feel you have a safe place to live?

☐ All the time ☐ Most of the time ☐ Sometimes ☐ Not much ☐ Never

Spirituality

Do you feel safe and supported in your spiritual beliefs?
Prompt: yarning about culture, going to church

☐ All the time ☐ Most of the time ☐ Sometimes ☐ Not much ☐ Never

Future Planning

Do you feel you have things in place as you grow older?
(e.g. your future health and care, funeral wishes, family looked after).

☐ All the time ☐ Most of the time ☐ Sometimes ☐ Not much ☐ Never

Basic Needs

Do you feel you have enough money to get by?
(e.g. for food, housing, clothing).

☐ All the time ☐ Most of the time ☐ Sometimes ☐ Not much ☐ Never

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KICA-COG: Cognitive Assessment

NOTE:

1. Assessors should use KICA Cog with First Nations clients only when it is culturally appropriate to do so, and the assessor has had appropriate cultural safety training and experience.
2. The questions in the KICA COG may be sensitive for the client, so it is important that an assessor is cautious of these potential sensitivities when administering this validated tool.

I'd like to see if you can remember things. I'll ask you some questions.

Incorrect answer, enter: '0'. Correct answer: enter '1'

Orientation

1. Is this pension/pay week?
   Or can alternatively ask if suitable: What month is it?
   ☐ 0 ☐ 1

2. What time of year is it now?
   May need to prompt e.g. wet time…dry time / hot...cold time?
   ☐ 0 ☐ 1

3. What is the name of this community/place?
   ☐ 0 ☐ 1

Recognition and naming

4. Hold up each item in turn and ask – What do you call this?
   If the subject has poor vision put each object in their hand and ask them to recognise it.

4.1 Comb	☐ 0	☐ 1
4.2 Pannikin (cup)	☐ 0	☐ 1
4.3 Matches	☐ 0	☐ 1

5. Hold up each item in turn and ask – What is this one for?

5.1 Comb	☐ 0	☐ 1
5.2 Pannikin (cup)	☐ 0	☐ 1
5.3 Matches	☐ 0	☐ 1

I'm going to put this one here, this one here…Now don't forget where I put them.

Hide each object in turn. Omit this if poor vision, and name objects for them to remember.

Registration

6. Tell me those things I showed you
   ☐ 0 ☐ 1 ☐ 2 ☐ 3

Verbal comprehension

7. Shut your eyes
   ☐ 0 ☐ 1

8. First point to the sky and then point to the ground.
   ☐ 0 ☐ 1 ☐ 2

Verbal fluency

9. Tell me the names of all the animals that people hunt.
   Time for one minute. Can prompt with: any more? What about in the air? In the water?

   0 animal = 0
   1-4 animals = 1
   5-8 animals = 2
   9 animals or more = 3

   ☐ 0 ☐ 1 ☐ 2 ☐ 3

Recall

10. Where did I put the comb? Where did I put the matches? Where did I put the pannikin?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Visual naming

11. I'll show you some pictures. You tell me what they are. Remember these pictures for later on. Boy, emu, billy/fire, crocodile, bicycle
Point to each picture and ask What's this? Show 'Boomerang' as example.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Show client the "Boomerang" image
Show client the "Boy" image
Show client the "Emu" image
Show client the "Billy+Fire" image
Show client the "Crocodile" image
Show client the "Bicycle" image

Frontal/executive function

12. Look at this. Now you copy it.
Show alternating 'Crosses and circles' image.

☐ 0 ☐ 1

Free Recall

13. You remember those pictures I showed you before? What were those pictures? Tell me. (Show 'Boomerang' as example)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Cued Recall

14. Which one did I show you before?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Show client the "Boomerang" image
Show client the "Boomerang/Hatchet/Stick" image
Show client the "Emu/Bird/Horse" image
Show client the "Turtle/Fish/Crocodile" image
Show client the "Dog/Fish/Crocodile" image
Show client the "Man/Woman/Boy" image
Show client the "Hat/Tap/Billy+Fire" image
Show client the "Bicycle/Plane/Car" image

Praxis

15. Open this bottle and pour water into this cup

☐ 0 ☐ 1

16. Show me how to use this comb

☐ 0 ☐ 1

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KICA-COG Regional Urban: Cognitive Assessment

I'd like to see if you can remember things. I'll ask you some questions.

Incorrect answer, enter: '0'. Correct answer: enter '1'

Orientation

1. What month is it?
   Dates on the cusp may also be scored correct. e.g. score correct if the date is 1 April and the person answers March, or if the date is 30 April and the person answers May.
   ☐ 0 ☐ 1

2. What season is it now?
   Language specific seasons e.g. Birak, Season description e.g. fire season, or 'Hot time' or 'Cold time' may all be acceptable based on region. 'It is hot today' is incorrect.
   ☐ 0 ☐ 1

3. What is the name of this community/place?
   ☐ 0 ☐ 1

Recognition and naming

For questions 4 & 5 you will need three items: comb, cup (pannikin) and matches.

4. Hold up each item in turn and ask – What do you call this?
   If the subject has poor vision put each object in their hand and ask them to recognise it.

4.1 Comb	☐ 0	☐ 1
4.2 Pannikin (cup)	☐ 0	☐ 1
4.3 Matches	☐ 0	☐ 1

5. Hold up each item in turn and ask – What is this one for?

5.1 Comb	☐ 0	☐ 1
5.2 Pannikin (cup)	☐ 0	☐ 1
5.3 Matches	☐ 0	☐ 1

I'm going to put this one here, this one here... Now don't forget where I put them.
Hide each object in turn. Omit this if poor vision, and name objects for them to remember.

Registration

6. Name me those things I showed you
   ☐ 0 ☐ 1 ☐ 2 ☐ 3

Verbal comprehension

I'm going to ask you to do some different actions for me

7. Close your eyes
   ☐ 0 ☐ 1

8. (only if indoors) First point to the ceiling and then point to the floor
   OR
   (only if outdoors) First point to the sky and then point to the ground
   ☐ 0 ☐ 1 ☐ 2

Verbal fluency

9. Tell me the names of all the animals that people hunt.
   Time for one minute. Do not provide prompts. Do not score duplicate animals.

   0 animal = 0
   1-4 animals = 1
   5-8 animals = 2
   9 animals or more = 3

☐ 0 ☐ 1 ☐ 2 ☐ 3

Recall

10. Where did I put the comb? Where did I put the matches? Where did I put the cup?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Visual naming

11. I'll show you some pictures and you tell me what they are. Let's practice. Show 'Guitar'. Point to picture & ask 'What is this?' Don't include in score.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Show client the "Boy" image
Show client the "Billy+Fire" image
Show client the "Bicycle" image
Show client the "Emu" image
Show client the "Crocodile" image

Frontal/executive function

12. Look at this. Now you copy it.
    Show client the 'Crosses and circles' image. Omit this question if poor vision.

☐ 0 ☐ 1

Free Recall

13. You remember those pictures I showed you before? What were those pictures?
    Show client the 'Guitar' image as an example.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Cued Recall

14. Which one did I show you before?
    Show the three-picture pages, all five pages one at a time. Use 'Guitar' page as an example but do not include in score.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Show client the "Guitar" image
Show client the "Emu/Bird/Horse" image
Show client the "Turtle/Fish/Crocodile" image
Show client the "Man/Woman/Boy" image
Show client the "Hat/Tap/Billy+Fire" image
Show client the "Bicycle/Plane/Car" image

Praxis

15. Open this bottle and pour water into this cup.

☐ 0 ☐ 1

16. Show me how to use this comb.

☐ 0 ☐ 1

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Kimberley Indigenous Cognitive Assessment – Carer: Cognitive Informant

Report

Have you noticed that s/he (name) is forgetting a lot of things?
If yes, does this happen:
☐ No ☐ Sometimes ☐ All the time

Does s/he forget the names of his family?
If yes, does this happen:
☐ No ☐ Sometimes ☐ All the time

Does s/he forget what happened yesterday?
If yes, does this happen:
☐ No ☐ Sometimes ☐ All the time

Does s/he forget where s/he is now?
If yes, does this happen:
☐ No ☐ Sometimes ☐ All the time

Does s/he say the same thing over and over?
If yes, does this happen:
☐ No ☐ Sometimes ☐ All the time

Can s/he remember which week is pension week?
If no, does this happen:
☐ No ☐ Sometimes ☐ All the time

Does s/he keep walking away and getting lost?
If yes, does this happen:
☐ No ☐ Sometimes ☐ All the time

Does s/he do things that are wrong in Aboriginal way?
E.g. calling out names of people who have passed away.
If yes, does this happen:
☐ No ☐ Sometimes ☐ All the time

Comments

Limit 300 Characters

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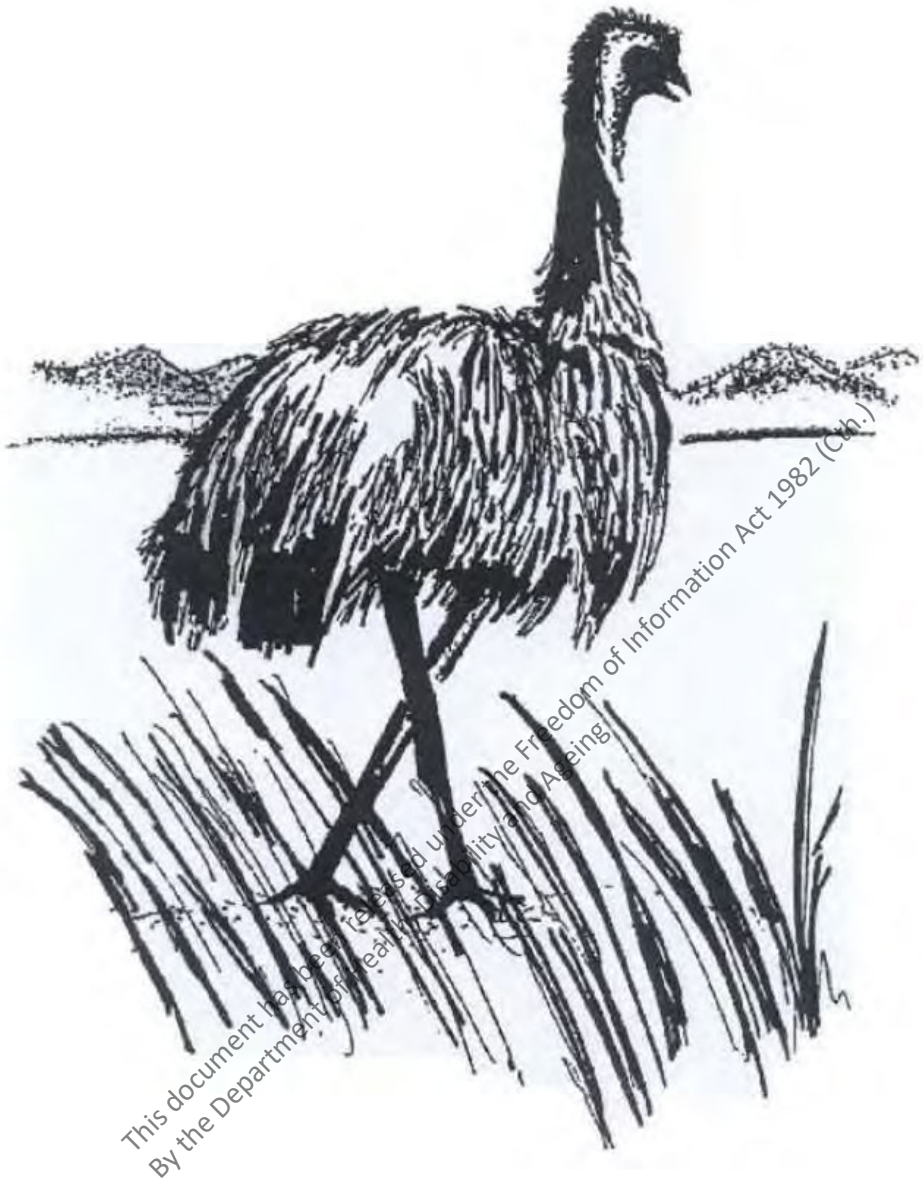

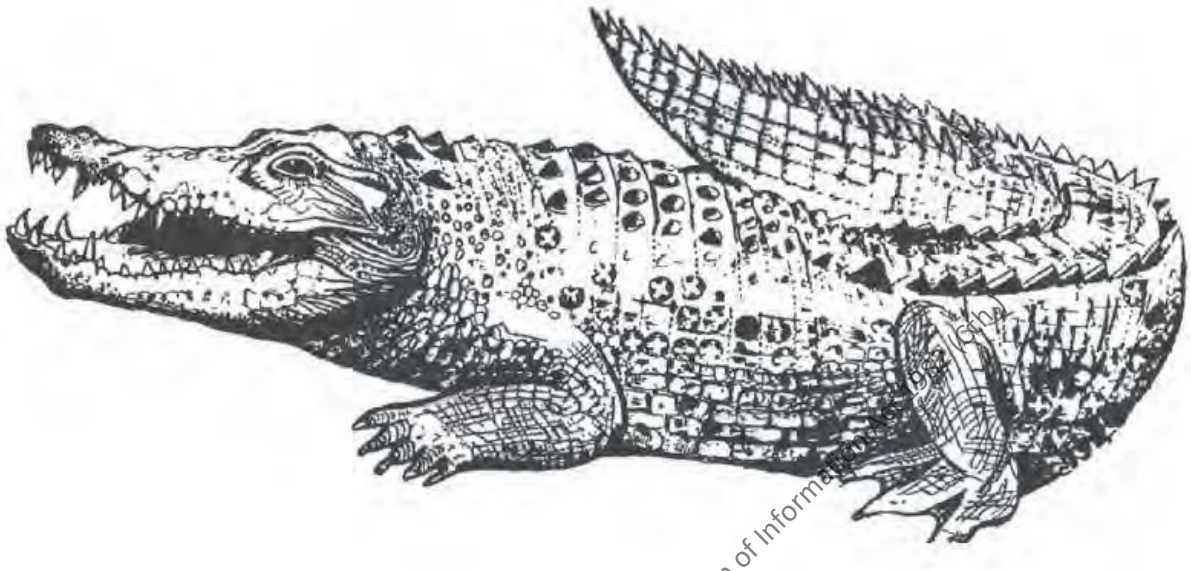

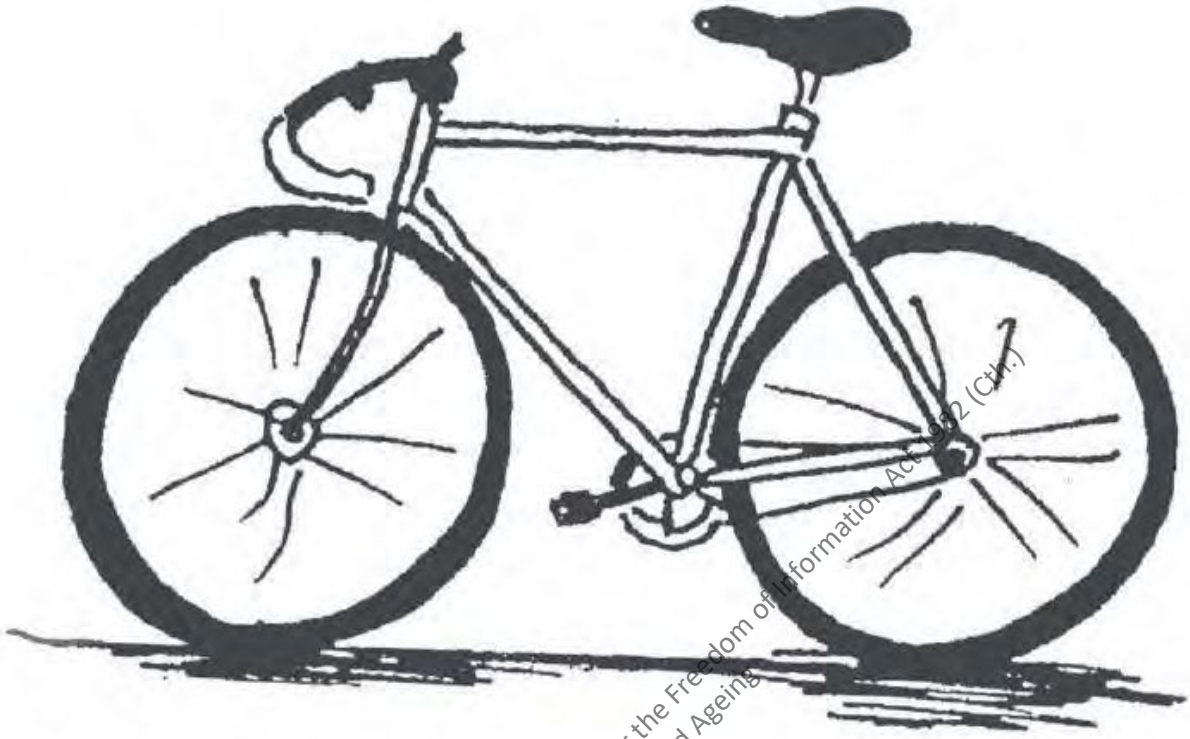

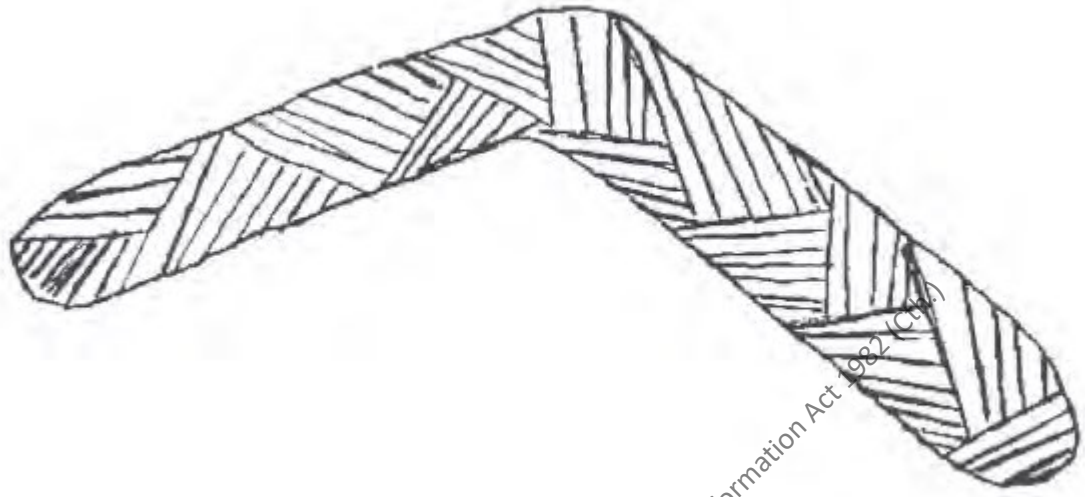

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